



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

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**BOARD OF MEDICAL PRACTICE**

**PHYSICIAN'S ASSISTANT APPLICATION FOR NON-CONTROLLED PRESCRIPTIVE  
AUTHORITY**

**To be completed by all Applicants. Please print all information.**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

License Number: C5- \_\_\_\_\_

Address of Record:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name:

\_\_\_\_\_

Business Address:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Certification: By signing this form, the applicant agrees that the above information is true and accurate and to promptly notify in writing the Board of Medical Practice of all changes of supervising physicians.

\_\_\_\_\_

Signature

Date

Disclosure of a social security number is mandatory in accordance with 29 Del. C. § 8807 and 42 U.S.C. § 405 for the purpose of child support obligation enforcement. Disclosure may also occur: 1) to a governmental agency for civil or criminal law enforcement if authorized by law; 2) to a State agency for purposes related to the administration of any tax; or 3) for any purpose permitted or authorized under 42 U.S.C. § 405.